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Summary of mid-term reviews and major evaluations of country programmes

East Asia and Pacific region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2002.

Introduction

1. The present report covers the mid-term review (MTR) of the Democratic People's Republic of Korea, the only country in the region to undertake an MTR in 2002. The report also includes four evaluations completed in 2002: one country programme evaluation of the Pacific island countries; two evaluations of projects on peace curricula in education in Indonesia; and one evaluation of basic education for ethnic minority and other disadvantaged children in Viet Nam.

* E/ICEF/2003/11.



Country mid-term review

Democratic People's Republic of Korea

2. The MTR of the current three-year (2001-2003) country programme of the Democratic People's Republic of Korea was conducted in September 2002.

3. **The situation of children and women.** The situation of children and women has improved over the two years, as evidenced by a reduction in malnutrition. Despite economic problems and recurrent natural disasters, the Democratic People's Republic of Korea has demonstrated remarkable social cohesion and a commitment to maintain basic services and entitlements for children and women. However, the gap between needs and available services is wide, and the capacity of the Government to provide better services is severely constrained, as is the capacity of women, children and families to exercise their entitlements.

4. The scale and extent of the challenges faced by the country, combined with a pattern of chronic malnutrition and ill health, indicate a need to focus on early childhood development (ECD), including maternal care. The role of child care institutions needs to be reviewed, especially as these institutions are now suffering from resource constraints and eroded capacities, and substitute for, rather than reinforce, the capacities of parents. Involving the family and the community in integrated, improved health and child care services can help to raise the overall quality of care. Attention to the quality of education will be essential in the longer term. Capitalizing on the already impressive quantitative achievements of the education system, measures now need to be taken to monitor closely, and improve, the learning achievement of students.

5. **Achievements and constraints.** The MTR took place after less than two years of programme implementation and, therefore, only short-term results can be reported. During 2001 and 2003, national child immunization coverage was sustained at 75 per cent, and two-dose tetanus toxoid coverage above 50 per cent. The cold chain was strengthened significantly, and increased public awareness on the value of immunization was generated. Successful two-round polio National Immunization Days/child health days were conducted, which also provided vitamin A supplementation and deworming to 98 per cent of children under five years of age. Polio eradication remains on track for certification in 2005. Future funding from the Global Alliance for Vaccines and Immunization is approved for hepatitis B immunization.

6. UNICEF and the World Food Programme (WFP) supported a nutritional assessment in 2002, which indicated that child malnutrition has been reduced dramatically, due in part to complementary efforts by both WFP and UNICEF. While the consumption of iodized salt increased from 2 per cent to 50 per cent nationally, some goitre-endemic areas are not yet covered. However, pregnant women in some areas receive iodized oil capsules. Iodized salt production reached 20,000 tons, but salt refining capacity is an obstacle to universal salt iodization.

7. Insufficient, irregular and uncertain funding remains a serious problem for many programmes, notably the essential drugs programme and for water, sanitation and hygiene. There is a need for the further development of in-country supply/logistics capacity to enhance future implementation. A high proportion (85 per cent) of programme expenditure is for supplies, including some recurrent costs

(such as fuel for transport or the operation of hospital equipment), and spare parts for water treatment stations and salt production factories. While this is understandable in view of the country's economic situation and shortage of hard currency, it has a negative effect on programme impact. There is a risk that if national resources diminish further, they may fall below the minimum level needed for external assistance to be fully effective.

8. The Central Bureau of Statistics has started using ChildInfo for storage and display of critical data. UNICEF has worked to increase the capacity of the national statistics body in areas such as statistics and sampling survey techniques.

9. **Assessment of programme strategies: lessons learned.** Lessons learned in the first two years of implementation about the difficulty of supporting disparate activities led to more integrated programming, which an increased focus on central priorities and the elimination of some less effective actions. Programmes now more clearly define results to be achieved. This emphasis on better prioritization and results-based programming — a log-frame approach and annual plans of action expressed in terms of clearer, measurable outputs — should continue. The country's needs are great and, in most cases, beyond the capacity of the programme to address. To achieve more, it is, in fact, important to do fewer things — but to do them better.

10. The country programme gives appropriate emphasis to children under five years of age in the increasingly vulnerable four east and north-east provinces by allocating 85 per cent of annual programme expenditures to them. This focus of assisting the most vulnerable young children should be maintained.

11. In addition, as the programme has started to look beyond the most urgent humanitarian relief towards "preparation for development", some funds will be used for integrated programme activities in an increasing number of "focus counties" spread across the country. The focus on tangible results mentioned in paragraph 10 above will be maintained as the cooperation strategy shifts towards improvements in partnerships for humanitarian aid. This, in turn, will facilitate sustainable development cooperation. The programme will continue to apply low-cost, effective strategies; reassess recurrent cost implications; advocate for increased national funding for the programme; and selectively fund continuing local costs only where absolutely necessary and critical to achieve the outputs.

12. Since current programme approaches cannot significantly further reduce child malnutrition, there must be a shift in focus from treatment to prevention. A more comprehensive, broad-based multisectoral approach to reducing malnutrition that addresses both immediate and underlying determinants is needed, with a much greater emphasis on service delivery, capacity-building and advocacy. Linked to this will be the need to strengthen and increasingly support policy and strategy development.

13. Positive examples of programme partnerships resulted in notable achievements that should be further strengthened and expanded: with the World Health Organization on polio eradication; with the United Nations Educational, Scientific and Cultural Organization on basic education; with WFP on local food production; with the International Federation of Red Cross and Red Crescent Societies in the supply of essential drugs; and with Diakonie (Germany) in the local production of essential medicines. When increased funds are available for children in the country, UNICEF needs to be ready to play a catalytic role in leveraging and coordinating

stakeholders' support and the efforts of partners. Partnerships with government ministries and bodies should be expanded to broaden their involvement in the programme. In addition, ways should be found to involve children in planning and implementation. In that connection, opportunities for partnerships with children, including with the Youth League and through schools, will be explored.

14. Monitoring of the overall situation of children and women and of programme progress needs to be strengthened in line with the results-based planning mentioned in paragraph 10 above. This will help to shift the focus of monitoring from inputs (mainly supply) to a more output/outcome focus. Baseline and disaggregated data are not yet available or are inconsistent, adversely affecting targeting and planning. The programme will need to define a medium-term monitoring framework that encompasses national goals, the goals of A World Fit for Children and the UNICEF medium-term strategic plan, all linked to the Common Country Assessment and the Millennium Development Goals. The recent introduction of ChildInfo for national and subnational monitoring of the situation of children is a positive development that should be supported and expanded further. Field visits also can be used more strategically as a monitoring tool.

15. Some short-term adjustments had been made even before the start of the new country programme:

(a) Prioritizing elements within humanitarian support to ensure a greater impact in maintaining safety nets;

(b) Expanding convergence approaches in two more counties in the north-east of the country (to a total of 5 in 2003, and 10 nation-wide during the next country programme), and better defining and developing the critical programme actions and linkages in these counties as the foundation for a longer-term integrated ECD approach;

(c) Increasing the availability of basic information on HIV/AIDS across all programme areas;

(d) Taking a more systematic approach to capacity-building rather than simply training;

(e) Increasing technical support for in-country supply and logistics, particularly to the Ministry of Public Health.

16. **Country programme management plan (CPMP).** The MTR adjustment requires some changes to the office structure to implement the future strategy. As the current country programme covers a period of only three years, it was proposed to initiate the changes with the start of the new country programme in 2004, which will continue humanitarian action (delivery of essential services in critical sectors), as well as focus on integrated approaches to optimal ECD in 10 counties.

17. The health and nutrition programme will be separated into two, providing one programme for each of the six main outcomes of the country programme. Each has clear government counterparts. The planning and advocacy programme will replace the current planning, information, monitoring and evaluation programme because it repeatedly underachieved owing to a lack of focus. The communication/information, education and communication components will be absorbed by the other programmes, while the planning and advocacy programme will focus on information-based planning systems, as well as on emergency preparedness.

18. The number and funding of international staff will remain unchanged. All national staff will remain government seconded, with a proposed increase in numbers from 9 to 12 to deal with the increased complexity of the programme. One of the new staff members will work in education, where currently there is no programme officer; one will support the programme coordinator; and one will support the Health Section.

Major country programme evaluations

Fast track evaluation of the programme of cooperation in the Pacific island countries

19. The evaluation of the programme for the Pacific island countries is the first of a planned series of programme evaluations in the coming years in the East Asia and Pacific region.

20. At its January 2002 session, the Executive Board recommended a fast track evaluation of the 1997-2001 programme for the Pacific island countries, which would inform the country programme recommendation (CPR) to be reviewed later that year. The evaluation was planned and executed during a very short period, and conclusions were reported to the Board in September 2002. The programme covered 13 Pacific island countries and was designed to contribute to the realization of the goals of the World Summit for Children and the Pacific Goals for Children through four regional programmes (child and youth advocacy and planning, health and nutrition, early child and primary education, and monitoring and evaluation) and eight area-based (country) projects, plus one multi-country project to cover the other countries.

21. The evaluation found that the programme was relevant in that it addressed major issues of non-fulfilment of children's rights. However, the design of the programme was flawed, with objectives that were too general, outcomes and outputs that were insufficiently defined and attributable, and a lack of indicators for performance monitoring and evaluation. For those reasons, and also because of poor collection of baseline data, programme effectiveness was difficult to assess, although the objectives were largely achieved.

22. Improvements were recommended at three levels: national (strengthen ownership of programmes by Governments, non-governmental organizations (NGOs) and National Children Councils; ensure adequate UNICEF field presence; and build more strategic partnerships and alliances); regional (more cooperation with regional institutions for monitoring the evolving situation of children, human resources development and improving communication); and programme (strengthen design, logical model and Integrated Monitoring and Evaluation Plan (IMEP); articulate the interrelationship between operational activities and advocacy; and plan better partnerships).

23. These recommendations were reflected in the CPR presented to the Board in September 2002 (E/ICEF/2002/P/L.10/Add.1), as well as in the agreed CPMP to support the country programme and in many other activities carried out since the evaluation was completed. The focus has been on three priority (least developed) countries, in which field offices have now been established; the Pacific Forum involvement in HIV/AIDS, data monitoring and education has increased

substantially; and the Secretariat of the Pacific Forum took part in the VIth East Asia and Pacific Ministerial Consultation on Children (Bali, Indonesia, May 2003) for the first time. The new country programme has been designed in full results-based format, and has a realistic and operational IMEP.

Evaluation of the peace education programme in Aceh, Indonesia

24. In Indonesia, two pilot education programmes, one for 10th graders in Aceh, the other for primary schools in South Sulawesi and East Java, were evaluated during 2002. Both programmes added components to the regular school curriculum to promote peaceful coexistence among different ethnic and religious sections of society. The Aceh programme was well received by teachers and students, both of whom stated that they had benefited greatly, and the evaluation recommended expansion of the programme if financial sustainability could be assured. The primary school programme in Sulawesi and Java was found to be ineffective because the models and concepts had not been sufficiently adapted to the culture and academic level of the teachers. In addition, the process was relatively expensive.

25. Responding to concerns about children living in a war zone, UNICEF, in collaboration with the international NGO Non-violence International and local partners, contributed to the revision of the school curriculum for 10th graders, which had the following objectives: (a) to promote non-violence and conflict resolution among youth and schoolchildren in public and private schools through appropriate curricula and dialogue; and (b) to promote the Convention on the Rights of the Child and the active participation of children in conflict resolution initiatives. A strong feature of the new curriculum is the incorporation of Islamic and Acehnese culture in its materials and teaching methods.

26. The evaluation reported the results of open-ended questions used in individual interviews and focus groups, and concluded that the programme had met the two objectives. Although the printing of the revised textbooks was delayed, and there was a lack of evaluation design and instruments, programme implementation has gone relatively smoothly, with the quality of the seven-day training of 190 teachers being an important contributor as it prepared the teachers to implement the curriculum relatively easily. Although living in a conflict area, the teachers did not feel at risk in teaching this course, but rather reported that the course had been a life-changing experience for them as well as for the 22,240 participating students, who demonstrated noticeable changes in behaviours, attitude and skills. The students were very enthusiastic and believed that the course should be taught for more than one semester and in all grades, and that government officials and soldiers should also take the course.

27. The peace education programme is very cost-effective, at only \$8.50 per student. However, with the programme not yet part of the official Aceh curriculum, financial sustainability remains, in the near term, dependent on support from organizations such as UNICEF. Integrating the peace curriculum into existing curricula could be achieved easily, but would require training many more teachers and printing more textbooks. The content of the curriculum is culturally appropriate for Muslims and Acehnese, although students pointed out that other cultures represented in Aceh should be better recognized in the textbooks. In addition, an effort should be made to recruit more female teachers and enrol more female students in the course. While the curriculum was quite successful and enjoyed

acceptance by many parties, subsequent events have shown how necessary, but long term, these efforts should be.

28. Even after the initial funding ran out for the initiative, other funds were found to continue the programme, and advocacy continues for its adoption in all senior secondary schools in Aceh. New baseline assessment tools have been developed to assess more clearly the increased knowledge and skills of the next round of students to be trained.

Whole child education project in Indonesia

29. The pilot whole child education project, initiated in 2001 by the Government of Indonesia, together with the Global Dialogue Institute and UNICEF, aimed at enabling Indonesians to understand, accept and live with their ethnic and religious diversity, in the context of the historical and also recent ethnic and religious strife. The pilot project was evaluated to learn whether and how it should be continued.

30. While will, effort and optimism of the trainees were abundant, limitations in translation and the low level of education of primary school teachers contributed to over one half of the trainees not understanding the rather abstract and philosophical content of the concepts of "deep dialogue/critical thinking", which indeed had neither been adequately simplified nor made locally relevant. Therefore, actual implementation of the project was limited to non-core pedagogic and teaching aspects of the training.

31. The recommendations of the evaluation stressed the urgent need to teach young Indonesians to engage positively and constructively with their ethnically and religiously diverse heritage. If the programme is to continue, a localized conception of deep dialogue/critical thinking needs to be developed, using language and real life examples easily understood by primary school teachers. The programme objectives cannot be achieved unless these implementers have both the full understanding and vision of raising a generation of Indonesians who can appreciate and accept differences.

32. As a result of the evaluation, the programme was discontinued in the two pilot school clusters, integrating activities into a more successful programme called "Creating Learning Opportunities for Children".

Evaluation of the basic education project for ethnic minority and other disadvantaged children in Viet Nam

33. The project was implemented over three years (1999 to 2001) as an integral part of the overall UNICEF education programme in Viet Nam, with funding from the Australian Agency for International Development and UNICEF Australia. The two main objectives of the project were: to improve the quality of teaching through the training of teachers (70 per cent of whom are women); and to increase primary school enrolment, retention and completion rates. The terms of reference of the evaluation focused on achievements, constraints and lessons learned, but did not include a component on the financial aspects of the project.

34. The evaluation concluded that significant improvements had been realized in terms of a renovation in teaching practice (towards multi-grade), more motivated and confident students, better trained teachers and improved community participation, and that supplies and equipment were distributed.

35. A marked increase in attendance and completion rates for girls was noted, often at par with boys, but limited mainly to "demonstration schools" featuring a higher level of community participation or where a younger, committed village leader himself was educated. In more isolated or poorer villages, the attitude towards girls' education was still very restrictive as it was considered wasteful and unnecessary. Apparently the project had failed to make a difference in attitude in these villages. It was found that girls' education was not so much correlated to ethnicity or cultural values, but more to poverty and lack of education or exposure of community leaders.

36. The evaluation recommended the need to target future support for minority and disadvantaged children to the most disadvantaged communities and those with the most urgent needs, as the need for support in these regions was overwhelming and far exceeded the fiscal capacity of the Government to improve the educational situation. It was recommended that the education authorities use community spokespersons and leaders as agents to advocate to the communities on the benefits of girls' education. Community involvement should not only involve the provision of cash or labour, but also involve the parents in decision-making and management of the school. The evaluation recognized the enduring challenge for remote area education in creating an inclusive learning environment for children who do not speak Vietnamese, and recommended the training of teachers to help children who speak other languages learn Vietnamese at an appropriate age.





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South Asia

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The present report describes only evaluations conducted during 2002, as there were no MTRs during the same period.

Introduction

1. In 2002, no mid-term reviews were conducted in South Asia. The present report summarizes some of the major evaluations conducted in the region since the last report was submitted to the Board (E/ICEF/2002/P/L.21).

* E/ICEF/2003/11.



Major country programme evaluations

Evaluation of the religion and health project, Bhutan

2. The religion and health project aims to contribute to the long-term result of improved health of children and the community. The expected outcomes were improved hygiene in monasteries, and enhanced capacity of religious practitioners to provide advice on health and childcare to community members. The project has been implemented with funding from several donors, including the Government of Austria, since 1998. Using a combination of participatory qualitative techniques and the results of two previous assessments, a study undertaken in September 2002 assessed the impact of the training of religious practitioners and the status of hardware inputs to the institutes and communities across the four regions of the country.

3. The findings showed positive behaviour and attitudinal changes of religious practitioners; improved hygiene practices; the elimination of harmful practices such as sucking blood when sick; advocacy and increased referrals to health facilities instead of performing rituals; clean monasteries, houses and surroundings; and improved waste disposal and established standards on sanitation. These achievements were supported by increased private investment in sanitation and contributions from non-formal education programmes.

4. The strategy of reaching communities by training religious practitioners has proved effective, and communities have regarded them as role models for health and hygiene practices. However, between 35 per cent and 45 per cent of the facilities were in need of repair and maintenance. The lesson learned was that to ensure sustainable maintenance of the facilities, their location and design need to be appropriate for the communities, and a routine maintenance schedule also needs to be in place. Following the evaluation, operations and maintenance workshops were integrated, and community/monk interactions were strengthened.

Evaluation of the Border District Cluster Strategy: an intensified implementation of reproductive and child health, India

5. In support of the National Reproductive and Child Health (RCH) Programme, the Department of Family Welfare and UNICEF launched the Border District Cluster Strategy (BDCS) in May 2000. It is presently operating in 49 districts in 15 states with the objective of strengthening the capacity of local health systems to improve the coverage and quality of selected interventions and services. This is to be achieved by building partnerships with community-level functionaries, non-governmental organizations (NGOs) and civil society.

6. UNICEF assistance has focused on developing and testing new implementation models and tools to intensify implementation of the RCH programme and, subsequently, provide evidence of programme experiences and lessons learned at the field level that can inform and contribute to policy discussions at the macrolevel, such as design of RCH2. UNICEF inputs were in planning and monitoring assistance at the district level, programming and policy analysis at state level, and funding for front-line workers and supplies. The strategies are being piloted over a four-year period with a view to scaling up successful interventions, the use of

lessons learned and key results within the remaining districts of the RCH programme. Covering the period 1 January to 31 December 2002, this evaluation used a survey of 19 BDCS districts and 18 non-BDCS districts for comparison.

7. The full participation of both government counterparts and UNICEF officers in the monitoring and validation process was critical to implementation. The use of district extenders at the sub-centre level was instrumental in maintaining the continuity of implementation, and provided a platform for sustainability based on ongoing supervision, logistical and technical support.

8. The value of health information and monitoring tools depends on the commitment and ability of the health personnel to use them. The monitoring tool and validation process has produced heightened interest, and has enhanced the commitment of supervisors and health teams to work more effectively in the field and with the communities. Supervisors have a better understanding of how to use their supervisory skills to improve the quality of information. The health professionals' understanding of epidemiological concepts needs to be improved. It has been shown through evidence from the states that rational microplanning can improve access.

Review of the 1997-2002 education programme, India

9. A review of the decentralized education programme was undertaken to inform the design of the Government of India/UNICEF programme of cooperation for 2003-2007. The lessons learned were used in developing an integral link to the National Programme of Sarva Shiksha Abhiyan (Universal Elementary Education).

10. The review comprised a series of rapid appraisals of programme implementation in five states and in-depth analyses in two others. Additionally, five state-based studies examined the UNICEF experience in two thematic areas: teaching effectiveness and community participation.

11. The findings indicated that the programme achieved most of its objectives at the activity level. The results at higher levels, which were expected to lead to such as changes as the retention of children in school, the adoption of child-centred methods by teachers and the inclusion of marginalized children, were not identifiable. Strategies such as cascaded training and community mobilization approaches for enrolment need to be replaced by more effective alternatives. Sufficiency, persistence, depth and coherence of interventions at community and state levels need to be assured. Refocusing the programme, within a widely shared and understood conceptual framework that clarifies rights-based approaches and their adaptation in microplanning, and a strong monitoring mechanism to recognize success and enable corrective action, are essential for achieving results.

Evaluation of adolescent girls' anaemia reduction project, Gujarat, India

12. With UNICEF support, the State Government of Gujarat, India, has been implementing the adolescent girls' anaemia reduction project in all 426 schools of Vadodara District since March 2000. It expects to achieve a 50 per cent reduction in anaemia and improved dietary practices for 25 per cent of the district's 65,000

adolescent girls. The key strategies were to enrol 90 per cent of schoolchildren and 70 per cent of out-of-school adolescents to participate in the weekly iron consumption and education programme, and to develop the capacity of at least one institution to provide technical support so that the intervention could be scaled up by the State Government.

13. An evaluation using pre- and post-assessment of anaemia status, conducted after two years of implementation, showed encouraging results. Ninety per cent of girls participated in the programme, which led to a 20 per cent reduction in anaemia. Some 13,000 anaemic girls have become non-anaemic, and twice as many have improved their haemoglobin levels and decreased the severity of anaemia. The State Government will be expanding the model to three more districts in 2003. The Medical College of Vadodara has established a project support unit.

14. Reaching out-of-school adolescents through the girls in school project was unsuccessful. Other channels, such as motivated community-level workers, voluntary organizations and mass media, emerged as alternatives.

15. The achievement of reduced levels of anaemia was due to the successful monitoring of compliance with the intake of iron folate. The communication materials (pamphlets and posters), reported as comprehensive, did not succeed in changing knowledge or dietary practices. Learning from this experience, a more rigorous communication strategy to enhance knowledge and enable behaviour change, as well as a stronger monitoring system to enable corrective action, will be instituted. Meanwhile, in the short term, efforts will continue in monitoring compliance with iron supplementation to reduce the extremely high anaemia levels.

Evaluation of the psychosocial programme, Sri Lanka

16. Through Australian financial assistance, UNICEF Sri Lanka supported interventions to promote the psychosocial recovery of the war-affected population during the period March 2001-June 2003. The key results expected were: (a) improved health status and psychosocial well-being of about 72,000 children and women; and (b) strengthened capacity of the Government and NGO partners to integrate and coordinate psychosocial interventions. In September 2002, an evaluation, using a combination of qualitative techniques, was carried out to find the right direction to realign the programme against the backdrop of the emerging peace process.

17. The interventions were found to be relevant and to have assisted the affected individuals and families. On the other hand, as the expected results were beyond the capacity of available human and financial resources, their achievement was short term and not sustainable. This was due partly to the fact that support from the implementing national and international NGO partners was conditioned by the receipt of external funding. The monitoring mechanisms need to be simpler, but able to track achievements, and baselines must be established. A basic mechanism to assess impact should be established.

18. In the next phase, the focus will not be on specialized care, but on community-based referral and awareness creation that also focuses on previously normative values and attitudes. Priorities and strategies need to be established for specialized interventions on special social issues such as demobilized child and adult soldiers;

widows, orphaned youth and children affected by HIV/AIDS; landmine victims; and school drop-outs. Some interventions can be integrated into existing sustainable infrastructures, while others need to be realigned and new priorities need to be set. This will lead to new designs of interventions, capacity development and implementation. UNICEF priorities need to include guidelines for best practices, quality interventions and advocacy to donors to achieve equitable assistance to all populations with special needs.

19. Based on the findings, psychosocial interventions were integrated into the programmes of the Ministry of Education and National Child Protection Authority of Sri Lanka, which have established an operational network to ensure programme sustainability.
